



PATIENT PRESENTING CLINICAL SIGNS

Kolby Swier ADR. Pale mm membranes. Distended abdomen. Fluid wave. Patient sedated with Dexdomitor.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Rottweiler

SEX No overt pathology associated with the residual prostate. The residual prostate measured 1.2 cm diameter.

Neutered Male

AGE No evidence of medial iliac or sublumbar lymphadenopathy in the area of the iliac trifurcation.

9 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm. The right kidney measured 9.6 cm.

WEIGHT

123.2 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 4.0 cm length x 1.2 cm at the caudal pole.

Eric Lindquist, DMV

No overt pathology in the area of the right adrenal gland, although not definitively visualized owing to patient size.

DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

A mass involving the caudal to caudolateral spleen with secondary asymmetrical capsule expansion and disruption was present. The mass measured 9-10 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. The majority of the non-affected spleen exhibited generalized mild parenchyma heterogeneity. Regional lacy hypoechoic splenic parenchyma present in the cranial spleen in pseudotriangular presentation. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Mild regional perisplenic hyperechoic mesentery noted around the mass. No obvious adhesions.

Jenna Walsh, CVT

HOSPITAL NAME

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Liver

REFERRING VET

Dr. Glaze

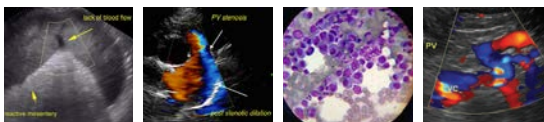
The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. Very minor gallbladder wall edema. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

INVOICE

38909

DATE

6/20/22



PATIENT *Gastrointestinal*

Kolby Swier The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

BREED

Rottweiler

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

Neutered Male

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

9 Years

Free Abdomen

Scant to mild volume peritoneal free fluid present. No overt lymphadenopathy.

WEIGHT

123.2 Pounds

Rapid view of the heart revealed overtly normal cardiac structure and function in light of sedation. No evidence of left or right heart chamber enlargement. An obvious mass associated with the area of the right atrium and auricle or heart base was not definitively evident. Mild to moderate volume concurrent pleural effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

- Mixed echogenic to cavitated splenic mass with suspect cranial splenic infarct
- Subjective vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Scant to mild volume peritoneal free fluid with concurrent mild to moderate volume peritoneal free fluid, no overt cardiac tumors or metastatic criteria.

IMAGING PERFORMED BY

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although histopathology is required for definitive diagnosis, the splenic mass is most suggestive of neoplasia such as sarcoma or other. Benign pathologies are possible, yet considered less likely.

HOSPITAL NAME

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Overt evidence of intraabdominal metastasis (i.e., hepatic masses or nodules), overt lymphadenopathy, or non-uniform to nodular perisplenic omentum was not definitively evident.

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The pleural free fluid in this patient was not consistent with cardiogenic free fluid. Given the presence of the splenic mass, yet without overt evidence of cardiac metastasis, and assuming normal clotting status, concern for possible non-visualized thoracic metastasis is warranted.

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Further assessment may include 3-view chest radiographs (if not done) as well as thoracocentesis for pleural effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells. Given the high concern for primary malignant splenic neoplasia with concurrent pleural free fluid, a very guarded to potentially unfavorable prognosis is indicated, even if surgical options are considered.

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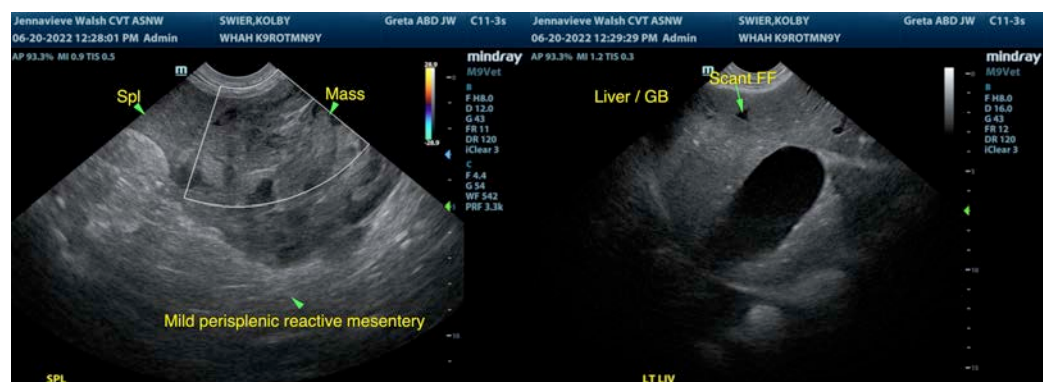
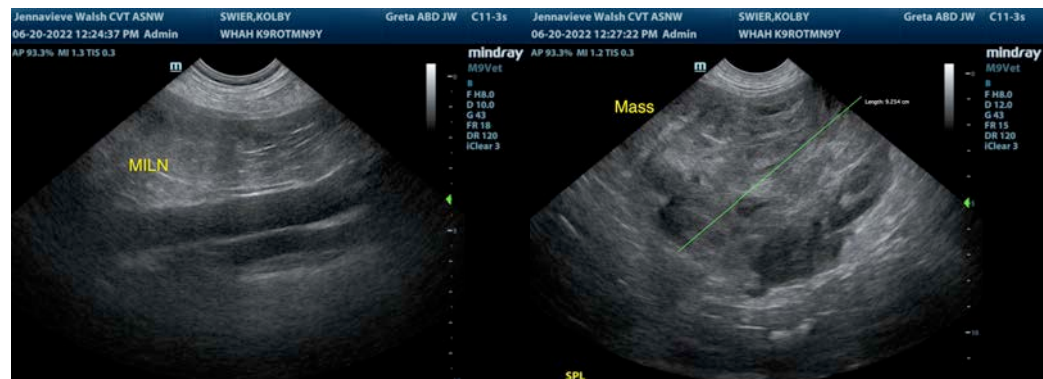
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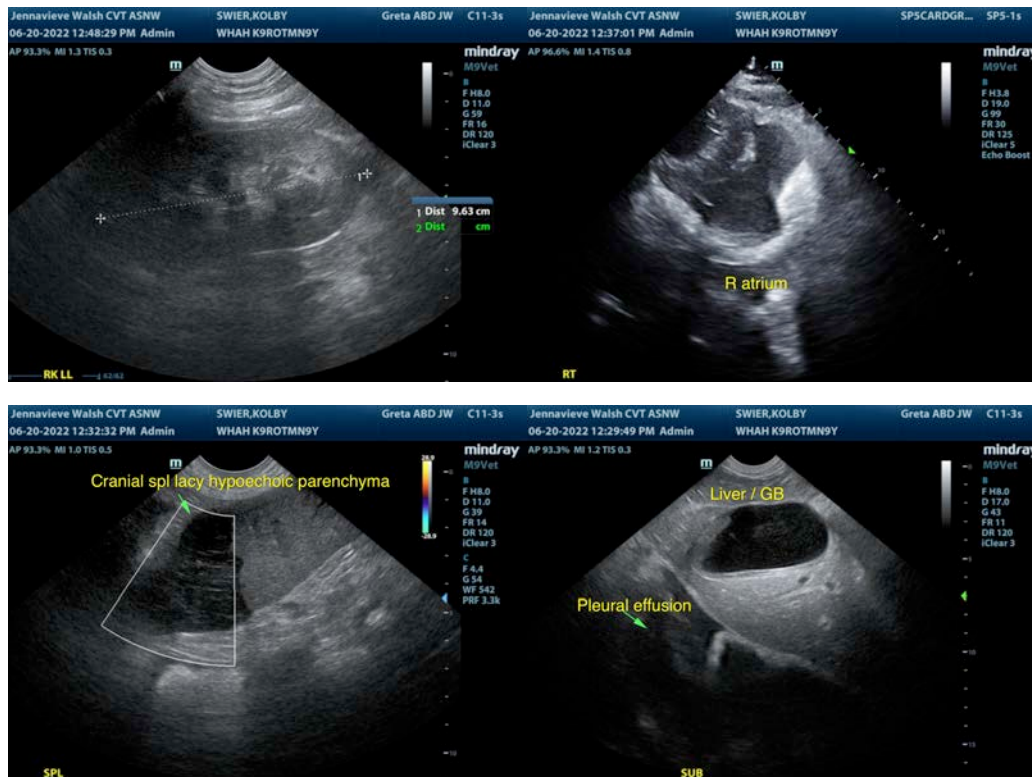
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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